

MAJIN RESERVED FOR BINDING.
WHITE SLAINLY. WITH UNFADING INCISION IN A PERMANENT RECORD, and under the
IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and under the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
MEDICAL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Spartanburg*
or
Inc. Town of *Whitney*
or
City of *1*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

5807

Registration District No. *4008* Registered No. *17*
(For use of Local Registrar)

City of *1* (No. *1* St. *1* Ward *1*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lillian Mcabee* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *June 10 22*
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Ed Mcabee</i>	(14) NAME BEFORE MARRIAGE <i>Ola Sherbert</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Rothuck S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Whitney S.C.</i>
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>26</i> (Years)
(12) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>S.C.</i>	(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
(20) Number of children born to mother, including present birth <i>3</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *3* P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) *W. H. Chapman* (24) State whether Physician or Midwife *Phys* (25) Address of Physician or Midwife *Whitney S.C.*

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Jan 20 1922* (28) *E. F. Parker* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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